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IDENTIFIERS *CDA: Child Development Associate

ABSTRACT

Child Development Associate (CDA) trainees are taught how to recognize symptoms of severe problems children may have which may interfere with academic or social growth in a preschool setting. Visual, learning, motor, hyperactivity and emotional problems are defined and symptoms of each problem are described. Attention is also given to helping CDA trainees understand ways of dealing with children with special needs. Procedures for referring special children for medical diagnosis are outlined. Instructional and behavioral objectives for learning activities are given. The teacher's materials include an instructor's activity outline, a set of instructor's directions, answer sheets, and information for field supervision activities. The student's materials include a trainee activity list, a glossary, a unit overview, lists of symptoms related to problems in vision, hearing, motor development, hyperactivity, and mental problems, as well as true-false tests, and guidelines for meeting the classroom needs of special children. (Author/RH)

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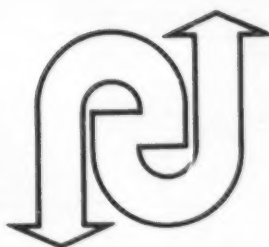
CHILD DEVELOPMENT ASSOCIATE TRAINING PROGRAM

UNIT I

HEALTH AND SAFETY IN THE CLASSROOM

Module 5

WORKING WITH SPECIAL CHILDREN



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THE CHILD DEVELOPMENT ASSOCIATE TRAINING PROJECT

Unit I

Health and Safety In The Classroom

Module 5

Working with Special Children

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Unit I

Module 5

Unit I

HEALTH AND SAFETY IN THE CLASSROOM

Module 5

WORKING WITH SPECIAL CHILDREN

Purpose of Module

To help trainees begin to recognize symptoms of problems which preschool children may have and which could interfere with their being able to function either academically or socially in a classroom setting. Visual, learning, motor, hyperactivity and emotional problems are defined and symptoms for each problem are described. Considerable attention is also given to helping trainees understand the special way of dealing with these children in a normal classroom setting and also the procedures which should be used for referring these children for specialized diagnosis.

Unit I

Module 5

Competencies

The trainee is able to recognize children who have problems and can identify some of the symptoms.

The trainee is able to provide appropriate learning experiences for children with problems.

The trainee is able to follow the appropriate procedures for getting help for children with special problems.

Unit I
Module 5
Module V - Working With Special Children

Instructional Objectives	Behavioral Objectives
<u>Entry Level</u> A. The trainee will know the common signs that show a child has trouble seeing properly. B. The trainee will know the common signs that show a child has trouble hearing well. C. The trainee will know the common signs that show a child has trouble with movement and coordination. D. The trainee will know the common signs of hyperactivity (See glossary P) E. The trainee will know the common signs that show a child has mental problems.	1. The trainee will be able to list 10 out of 12 symptoms of visual problems. 2. The trainee will be able to list 8 out of 10 symptoms of hearing problems. 3. The trainee will be able to list 12 out of 14 symptoms of motor problems. 4. The trainee will be able to list 5 out of 7 symptoms of hyperactivity. 5. The trainee will be able to list 18 out of 22 symptoms of mental problems.

Unit I
Module 5

Instructional Objectives	Behavioral Objectives
<u>Intermediate Level</u> G. The trainee will know why it is important to be able to tell if a child is having trouble seeing. The trainee will know how to hand the problem. H. The trainee will know why it is important to be able to tell if a child is having trouble hearing. The trainee will know how to handle the problem. I. The trainee will know why it is important to be able to tell if a child is having motor problems. The trainee will know how to handle these problems. J. The trainee will know why it is important to be able to tell if a child is hyperactive. The trainee will know how to handle these problems. K. The trainee will know why it is important to be able to tell if a child is having mental problems. The trainee will know how to handle the problems.	1. Given a sample of a child's behavior, the trainee can hypothesize 4 out of 6 possible problems. 2. Given a list of special problem areas, the trainee can specify the guidelines for working with that child and state one special provision to meet the social, physical, and learning requirements of that child.

Unit I
Module 5

Instructional Objectives	Behavioral Objectives
<u>Mastery Level</u> L. Show video tapes of children with five different problems in each case trainee can 1) identify the problems and 2) evaluate the provisions made for each child by citing one inappropriate and two appropriate provisions for each child academic, social and physical level.	1. The trainee will be able to: A. Tell if a child is having trouble seeing. B. Take special steps in the classroom and on the playground to keep the child safe and to make sure that the child can keep learning in spite of of the problem. C. Send the child to someone who can help to correct the problem. The trainee will be able to: A. Tell if a child is having trouble hearing hearing. B. Take special steps in the classroom and on the playground to keep the child safe and to make sure that the child is not troubled more that he has to be. C. Send the child to someone who can help to correct the problem.

Unit I
Module 5

Health and Safety in the Classroom

Working With Special Children

Trainee _____

Instructor _____

Field Supervisor _____

	How Many	Where	When
Class Sessions			
Field Visits			

Unit I
Module 5

Instructor's Activity Outline

Activity	Time	Materials	Notes
<u>SESSION ONE</u>			
0 Overview		Activity Folder UI, M5, Module Description	
1 Introduction to Module			
*2. Description of Symptoms			Equipment and arrange- ments should be made for taping quest speakers
Break			
3. Establishment of Observation Tech- niques		Activity Folder UI, M5 A3	Field Supervisor needs copy of observation sheet developed in class.
4. Summary and future plans		Activity Folder UI, M5, A4	
<u>SESSION TWO</u>			
*5 Introduction Review & Test		Activity Folder UI MI, A5 Tape UI, MI, A5	
6 Identification of methods for working with special children			
Break			
7 Application of tape to own observation			Trainees need obser- vation sheet that they used for Field Assign- ment
*8. Final Assignment			
*Please turn to Page 27 for special instructions for these activities.			

Unit I

Module 5

Instructor's Directions

Introduction to Module

Purpose of Activity: To describe the content of the module.
To establish the purpose of the module.
To establish the objectives for the first session.

Mode: Discussion

Setting: Total Group

Checking Activities: None

Procedures:

1. Explain that this module deals with children who have problems. These problems may be serious but hard to detect. For instance, you may come across a child who seems to have trouble getting along with others and doesn't seem to pay very much attention to the teacher.
2. Example Situation: A little boy is climbing up a sliding board behind a little girl. Suddenly, the boy pushes the girl. The teacher comes over quickly and scolds the boy but the boy doesn't seem to care. The teacher takes hold of his arm to try to talk to him. He pulls away. He keeps on climbing up the sliding board.

THIS CHILD MAY HAVE A PHYSICAL PROBLEM THAT MAKES HIM BEHAVE THIS WAY.

Unit I

Module 5

(Activity 1 - Cont.)

Evaluation: This child may have a hearing problem. Since it is necessary to be able to hear in order to learn how to speak, this child might not be able to speak well. As a result, he uses his body to communicate. He pushes the little girl in order to say that he wants his turn. He pulls away from the teacher in order to tell her that he doesn't want to loose his turn. If he has a hearing problem, he may not be able to hear the teacher scold him.

3. Explain that this module will deal with 6 types of problems in children:
 - a. children with visual problems
 - b. children with hearing problems
 - c. children with motor problems
 - d. hyperactive children
 - e. acting-out children
 - f. withdrawn children
4. Familiarize trainees with problems by:
 - a. having trainees learn to recognize common symptoms of problems.
 - b. having trainees learn what behaviors may be caused as a result of problems.
 - c. having trainees learn what effect problems can have on learning, social interactions and development.
 - d. having the trainees learn what to do in the classroom to help children who have problems.
 - e. having the trainees learn what to do to get help for children who have problems.
5. Trainees will compile a list of symptoms common to each of the problems in the module.
6. The trainee will gain some knowledge of observation techniques.
7. Trainees will develop a simple observation sheet for identifying children with problems.

2

Unit I

Module 5

Instructor's Directions

Purpose of Activity: To develop a list of symptoms for problems.

Mode: Discussion

Setting: Group

Checking Activities: 0

Procedures:

1. Trainee generated list.

- . discuss with trainees children they may have in class, who might have one or more of problems mentioned.
- . request children known in their previous experiences, who might have demonstrated symptoms common to problems.
- . break them into small groups and ask them to think of as many symptoms as they can for problems. (Assign 3 groups - give two problems to each group - allow 15 minutes).

Unit I

Module 5

(Activity 2 - Cont.)

- . notify groups that we will be having guest speakers to discuss symptoms so that there will be other ways to identify symptoms.
 - . reassemble group and discuss symptoms. Make a list on the chalkboard and leave it on.
2. Guest speakers generated list.
- . introduce guest speakers (audiologist, optometrist, pediatric neurologist, psychologist).
 - . identify their speciality and where they work.
 - . allow 10 minutes for each guest to identify symptoms of problems with which they are concerned, and have them talk briefly about what can be done for this child when treated.
 - . as speakers identify symptoms, write the list on the board, still keeping trainees' list on the board.
3. Final list of symptoms.
- . compare speakers' list with trainees' list.
 - pick out same symptoms identified in each list.
 - ask trainees to pick out symptoms they feel reflect most meaningful clues to them and explain why.
 - have trainees develop list which they feel reflects most common symptoms of problem.

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Unit I

Module 5

Instructor's Directions

Purpose of Activity: To establish observation techniques.

Mode: Discussion

Setting: Total Group

Checking Activities: None

Procedures:

1. Discuss need for observing children to identify problems.
 - oftentimes children's behavior looks the same (Example- they don't pay attention to teacher).
 - observation helps us identify some of the symptoms to find out what appears to be the problem.
 - observations help us to get the information necessary for getting help for the child (i.e., it helps us talk to other people in the center or parents about their children).
2. Discuss with trainees kinds of observations.
 - anecdotal record - keeping a card file with incidents about the child.

Unit I

Module 5

Example: Today Nancy spilled her juice at snack time. Joan and Susie laughed at her because it was the third time this week that she spilled the juice. At first Nancy was crying but then she yelled at them saying, "It's not funny! I don't spill juice to be funny!" Mrs. T. helped Nancy get a sponge to clean up the juice and they talked about getting a straw for Nancy to drink her juice so she wouldn't have too much trouble picking up her glass.

running record - keeping a card file which shows what a child has been doing, for how long, and with whom he did it.

Example: 10/19/73 - 10:15, Tommy played with a puzzle by himself. 10:20 Johnny came over and started to put pieces in puzzle with Tommy. 10:22 Tommy walked away. 10:26 Tommy went over to blocks and took out some blocks and started to build. 10:40 Jack came over and started to put some blocks on Tommy's blocks. 10:42 Tommy walked away.

Observation sheet - check list where teacher checks off child's behavior or capabilities.

Example:

Motor Problems

	10/29	10/21	10/22	etc.
walking				
stumbles a lot				
falls				
weaves				
bumps into things				

develop observations checklist with trainees related to symptoms.

ask each trainee to pick a child in their classroom and observe him using observation sheet for next session. Try to get each problem observed.

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Unit I

Module 5

Instructor's Directions

Purpose of Activity: To review assignment and future plans.

Mode: Discussion

Setting: Total Group

Checking Activities: None

Procedures:

1. Review assignment and future plans.
 - . discuss what was covered during the session.
 - problems
 - symptoms
 - list of symptoms
 - observations - kinds of, sheet
 - . ask trainees to have observation sheet with them for next session.
 - . tell trainee they will be responsible for list of symptoms during next session (Give out list of symptoms).

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Module 5

(Activity 4 - Cont.)

- . Discuss what is in store for next session.
 - what can happen to child with these problems.
 - what can teacher do to work with these children in classroom.
 - what to do to get more help for these children.

Field Supervisor's Information

Your Objective: To see if trainees have used observation sheet properly.

What To Do

1. Ask for trainee's observation sheet.
2. Observe child using your own observation sheet.
3. Check your observation with trainee's observation.
4. Discuss any discrepancies.

Required Materials

1. Blank copy of the observation sheet.

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Module 5

INSTRUCTOR'S ANSWER SHEET FOR CHECKING ACTIVITY

Directions: Answer T (for true) or F (for false).

I. Checking Activity True or False

1. If a child complains that he cannot see a ball being thrown to him, he is probably an acting-out child. F
2. A child who often complains of headaches may have a visual problem. T
3. If a child has a visual problem, his eyes may water a lot. F
4. Red eyes are one sign of a visual problem. T
5. A child who holds things very close to his eyes in order to see them is probably hyperactive.
6. If a child bends his head down close to a picture in order to see it, he may have a visual problem. F
7. If a child has a visual problem, he may close one eye in order to see.
8. Enlarged eyelids are one sign of a visual problem. T
9. If a child's eyelids are usually puffy and swollen, he probably has a motor problem. F
10. Dizziness is a sign of visual problems. T
11. If a child has a visual problem, he may rub his eyes a lot. T

Unit I

Module 5

II. For the following list of symptoms, write "H" beside any symptom you recognize as marking a Hearing Problem, write "M" for symptoms that deal with Motor Problems.

- | | |
|--|----------|
| 1. The child stumbles a lot. | <u>M</u> |
| 2. The child often drops things | <u>M</u> |
| 3. The child leans forward in order to hear. | <u>H</u> |
| 4. The child usually seems bored and does not pay attention to what is going on. | <u>H</u> |
| 5. The child always asks the speaker to repeat what was said. | <u>H</u> |
| 6. The child drools a lot. | <u>M</u> |
| 7. The child's head flops loosely. | <u>M</u> |
| 8. The child rocks back and forth while sitting or standing. | <u>M</u> |
| 9. The child complains of earaches. | <u>H</u> |
| 10. The child usually cups one or both ears. | <u>H</u> |
| 11. The child's fingers are spread wide apart all the time. | <u>M</u> |
| 12. The child has trouble holding onto things | <u>M</u> |
| 13. The child usually has trouble picking things up. | <u>M</u> |
| 14. The child uses strange inflections in his speech. | <u>H</u> |

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- | | |
|---|----------|
| 15. The child usually speaks either too loudly or too softly. | <u>H</u> |
| 16. The child trips and falls a lot. | <u>M</u> |
| 17. The child stutters or stammers when he speaks. | <u>M</u> |
| 18. The child walks with a stiff or jerky motion. | <u>M</u> |
| 19. The child flaps his hands while talking, walking, running or excited. | <u>M</u> |
| 20. The child has runny ears all the time. | <u>H</u> |
| 21. The child usually turns one ear towards the speaker. | <u>H</u> |
| 22. The child's head bobs up and down steadily. | <u>M</u> |
| 23. The child leans far forward and stares at the speaker in order to hear. | <u>H</u> |
| 24. The child rhythmically bangs his head against the wall. | <u>M</u> |

III. Identify these symptoms by marking either "A" for Acting-out or "W" for Withdrawn.

- | | |
|--|----------|
| 1. The child is usually afraid of people. | <u>W</u> |
| 2. The child is usually afraid of standing on a stool. | <u>W</u> |

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3. The child is usually afraid of climbing up or going down a sliding board. W
4. The child is usually afraid to go outside. W
5. The child hits other children a lot. A
6. The child throws his food around a room a lot. A
7. The child hits the teacher a lot. A
8. The child wants to sit alone most of the time. W
9. The child shows no interest in any activity most of the time. W
10. The child usually does not answer to his name. W
11. The child does not usually respond when someone talks to him. W
12. The child often throws temper tantrums. A
13. The child hurts other children on purpose. A
14. The child tries to harm classroom pets. A
15. The child breaks many things on purpose. A
16. The child tears up classroom plants. A
17. The child is afraid of objectives or activities other children do not fear. W

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- | | |
|---|----------|
| 18. The child gets into a lot of fights | <u>A</u> |
| 19. The child throws blocks or other toys most of the time. | <u>A</u> |
| 20. The child smashes things with play tools most of the time. | <u>A</u> |
| 21. The child usually interferes with other children who are trying and play. | <u>A</u> |
| 22. The child often cries for no apparent reason. | <u>W</u> |

IV True or false

- | | |
|--|----------|
| 1. If a child squirms a lot while setting, he may be hyperactive. | <u>T</u> |
| 2. If a child sometimes seems unable to stop talking, he may have a hearing problem. | <u>F</u> |
| 3. Running a lot is a sign of hyperactivity | <u>T</u> |
| 4. If a child moves around a lot, he is probably withdrawn. | <u>F</u> |
| 5. If a child has trouble paying attention for a long period of time, he may be hyperactive. | <u>T</u> |
| 6. If a child bounces a lot while sitting or standing, he probably has a visual problem. | <u>F</u> |
| 7. If a child constantly shakes his feet or arms, he may be hyperactive. | <u>T</u> |

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Unit I

Module 5

Instructor's Directions

Purpose of Activity: To introduce second session.
To review first session.
To test for entry level knowledge.

Mode: Discussion

Setting: Group

Checking Activities: E1, E2, E3, E4, E5

Procedures:

1. Last time we identified symptoms for the following problems:
 - a. visual
 - b. auditory
 - c. motor
 - d. hyperactivity
 - e. acting out children
 - f. withdrawn children
2. We also discussed observations, their importance and different kinds; i.e., anecdotal, running records, and observation sheets.
3. Today we will see if we know the symptoms, find out what to do to help children with problems and discuss ways that you might get help on your field visits.

Unit I

Module 5

4. Administer test to see if trainees know symptoms. Meet with each trainee and go over together-if trainee has failed, reschedule time to take test again.
5. Introduce video tape by:
 - . talking about Glassboro State College
 - early childhood center for normal and handi-capped children.
 - video tape made there.
 - . discussing purpose of tape
 - help trainee see children with problems - their behaviors and the way they function.
 - see what activities will help children grow in school
6. Show film - 30 minutes.
 - . discuss problems identified in the tape with trainees.
 - . discuss ways of working with children using examples from the tape whether good or bad.
 - . determine from the tape the possible problems that could stem from behaviors seen in the tape.



Unit I

Module 5

Instructor's Directions

Purpose of Activity: To identify other ways of working with problem children.

Mode: Discussion

Setting: Group

Checking Activities: None

Procedures:

1. Discuss importance of notifying other people in center of child.
 - . need confirmation of problem.
 - . need to plan for getting help.
2. Discuss procedures for referring child.
 - . notification of problem to immediate supervisor.
 - . provide supervisor with information acquired.
 - . let supervisor tell you what to do next.
3. Meet individually with trainees.

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Module 5

(Activity 6-Cont.)

- . tell trainee they will be assessed on today's content and reading materials that they received on field visit.
- . go over with them any problems they feel they are having in this area.

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Unit I

Module 5

Instructor's Directions

Purpose of Activity: To establish how what was seen in the tape applies to actual observation. (Note to trainer)

Mode: Discussion

Setting: Group

Checking Activities: 0

Procedure:

1. Film is intended to show modifications of learning environment and techniques for children with special problems.
2. It is anticipated that the trainee will be able to identify those special provisions emphasized in film and see the appropriateness for application to the child she observed between sessions one and two.
3. Distribute activity sheets to trainees. They include leading questions geared towards trainees being able to select major concepts of film.

Unit I

Module 5

(Activity 7 - cont.)

4. Planning for working with children:

- . now that trainees have identified problems the next step becomes planning to work with a child with problems.
- . establish purpose for field visits.
- . determine what trainees want help with re possible problems in classroom.



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Module 5

Instructor's Directions

Purpose of Activity: To give final assignment.

Mode: Discussion

Setting: Group

Checking Activity: _____

Procedure:

- I. Describe assessment film - its purposes and requirement.
 - . trainee will be asked to identify a child with problems, recommend activities for working with the child and tell steps for getting help.
 - . trainee can schedule herself for seeing film whenever she feels ready.
 - . hand out content dealing with what to do for child with a problem.
 - . tell trainee who to contact for viewing assessment film.

Unit I

Module 5

Field Supervisor's Information

Checking Activity II

(Intermediate Level)

Your Objective: To evaluate trainee's mastery of Level III, Objective I.

If the trainee has been sensitized to special problem areas and considers that it is important to be aware of the existence of these problems, the trainee will be ready to look for possible problems in every day behaviors.

The checking activity consists of a vignette and an answer sheet. The greater the number of possibilities the greater the sensitivity exhibited by the trainee. It is hoped that the trainee will cite at least 4 of the problem areas.

Possible answers include: (Accept any answer supported by evidence from vignette.)

1. Hearing problem - because:

Jed was physical rather than verbal or
Jed didn't seem to hear the teacher.

2. Visual problem - because:

May not have seen other children.
May not have seen line.
Missed his footing, slipped.

3. Motor problem - because:

Missed his footing, slipped.

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(Checking Activity II-cont.)

4. Hyperactivity - because:

Could not stay in place to await turn.

5. Acting-Out- because:

Pushed children away two times

Disregarded teacher.

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Field Supervisor's Information

Activity 11

Your Objective: To assess trainees on second session content.

What To Do

1. Administer Checking Activities 2 & 3.
2. Go over answers with trainee.
3. Go over any problems.
4. If trainee failed, reschedule test.
5. Let trainee keep test in notebook to study from.

Required Materials

1. Checking Activities 2 & 3.
2. Answer sheets for activity.

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Field Supervisor's Information

Checking Activity III

Using the reading materials for the trainees, determine if they have indicated at least one special provision to meet the social, physical and learning requirements of a child in each problem area.

UNIT I

Module 5

There are some activities in this module that require guest speakers and special materials.

For Activity 2

The following guest speakers are needed: an audiologist, an optometrist, a psychologist and a pediatric neurologist. Each guest speaker should identify the symptoms of problems with which they are concerned and talk briefly about what can be done for the child when treated.

For Activity 5

A short videotape or film that focuses on children with problems - their behaviors and the way they function and shows what activities will help the children grow in school.

For Activity 8

A short videotape or film that focuses on one child with problems.

Unit I
Module 5
TRAINEE ACTIVITY LIST

ACTIVITY	MATERIALS	SPECIAL INSTRUCTIONS
0 Overview	Activity Folder UI-M5- Module Description	
1 Introduction to Module		
2 Development of Symptoms		
3 Establish Observation Techniques	Activity Folder UI-M5-A3	
4 Summary and Future Plans	Activity Folder UI_M5-A4	
5 Introduction, Review and Test	Activity Folder UI-M5-A5	
6 Identification of Methods for Working		
7 Application of Tape to Own Observation		
8 Final Assignment	Activity Folder UI-M5-A8a UI-M5-A8b UI-M5-A8c	

Unit I

Module 5

GLOSSARY

Visual Problem

A child who has trouble seeing properly has a visual problem. Children who are blind may be called visually handicapped. We are not talking about these children. A child with a visual problem may do most things normally. He may have trouble judging distances or seeing things up close, but his problem may be so slight that he is able to compensate for it either by avoiding activities he can't do well or by using his hearing or sense of touch.

Motor Problems

When we talk about motor development, we are talking about the way a child's ability to coordinate his movements and to use his muscles improves as he gets older. For instance, a three-year-old child may have trouble climbing steps that a five year old climbs easily. A three year old may not be able to hold a pencil, but a five year old can. When we talk about motor problems, we are talking about a child who cannot use his muscles as well as other children his own age. A five year old who still cannot hold a pencil has a motor problem.

Hyperactivity

Hyperactivity is a psychological term for child who cannot help being more than usually active. Most children are very active at times, but they are usually able to sit still if you tell them to. A hyper-active child cannot sit still even if he wants to.

The Acting-Out Child

Acting-Out is a mental problem. An acting-out child is usually aggressive. He may attack other children or destroy things for no reason at all.

Unit I

Module 5

The Withdrawn Child

Withdrawal is a mental problem.

A withdrawn child separates himself from whatever is going on. He is afraid of things other children are not afraid of. He may even be afraid of other children. Because he is afraid, it is more comfortable for him to sit by himself away from the group or to simply ignore what is going on around him.

Coordination

Coordination is the ability to use your arms, legs, hands, and muscles in a smooth way in order to do something you want to do. If there are three bottles on a table and you want to pick up one of them, and you reach over to the table and pick the bottle up, you are coordinating what your eyes see (that is, how far away the bottle is) with what your body does. You are also coordinating the movement of your hand with the movement of your arm in order to do what you want to do. If you close your hand too soon, you may miss the bottle and knock the other bottle over.

Symptom

A symptom is a sign that something is wrong. For instance, a runny nose is a symptom of a cold. In this module, we are using the word symptom when we talk about something a child does that shows he has a physical or a mental problem. For instance, a child who has trouble seeing may squint. Squinting is a symptom of a visual problem.



Unit I
Module 5

Overview

This module will teach you to handle physical and mental problems some children have. It is important to know how to handle these problems so that you can make sure a child is learning as much as he can and so that you can keep your classroom running smoothly. But you will not be expected to deal with any problems in depth. A teacher is not a doctor. You will not be expected to cure a child with a problem. You will be expected to recognize the problem and to know what to do about it in the classroom.

This module will deal with six types of problems. We will look at children who have trouble seeing, children who have trouble hearing, children who have motor problems, children who are hyperactive, acting-out children, and withdrawn children. You will be responsible for knowing:

1. The symptoms and outward signs of these problems. In other words, you will have to recognize unusual things a child does if he has a problem.
2. What steps you can take in the classroom or on the playground to help a child who has a problem. These steps will vary from problem to problem.
3. How to refer a child for special help.

This module will not deal with children who have bad teeth or children who get sick in school. Most centers have nurses and dentists to check those things. The problems you will deal with here are common problems that often are not discovered until it is too late for the child to have a chance to develop normally.

Some of the things you will be asked to learn in this module may seem obvious to you. You may think that they are just a matter

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of common sense. But remember, it is better to be sure that you know these things than for a child to suffer all his life because you didn't. You will be able to observe the children in your class closely. You will see them when they are young, and you will see them every day. You may be able to see things that even the child's parents can't see. If you know what to look for, you may be able to save some child a lot of pain later on in life.

3

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Your Field Activity

Purpose of Activity: To use observation sheet developed in class to observe a "problem" child in your classroom.

Directions for Activity

1. For this activity you will need:
your observation sheet (developed in class)
2. Select a child to observe and record on your observation sheet.
3. Show observation to Field Supervisor when she visits.

Mode: Individual
Setting: Center
Checking Activities: None

4

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List of Symptoms

Purpose of Activity: To give you a list of symptoms commonly accepted for each of the problem areas.

Directions for Activity:

1. For this activity you will need:
the reading materials in this folder
2. Study them carefully and compare them to your list.
3. You will be responsible for the reading material only for your test.

Mode: Reading Materials

Setting: Individual

Checking Activities: E1-5

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Vision

These are some common signs that show that a child may be having trouble seeing properly:

1. The child holds books and papers very close to his eyes.
2. The child bends his head down while looking at a book or a picture so that his eyes are closer to the page.
3. The child rubs his eyes a lot.
4. The child closes one eye in order to see.
5. The child's eyes water a lot.
6. The child's eyes are usually red.
7. The child's eyelids are usually encrusted.
8. The child's eyelids are usually puffy and swollen.
9. The child often complains of headaches.
10. The child often complains of dizziness.
11. The child complains that he can't see something clearly (like a ball or building blocks).

If a child shows one or more of these signs it is likely that he is having trouble seeing properly.

Remember: Even if a child already wears glasses, he may still have trouble seeing properly.

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Hearing

These are some common signs that show that a child may be having trouble hearing well.

1. The child strains forward while listening to something.
2. The child leans forward and stares very hard at the speaker in order to hear.
3. The child always turns one ear toward someone who is speaking to him.
4. The child cups one or both ears in order to hear.
5. The child talks in a monotone.
6. The child does not use the same speech inflections other children do -- for instance, he may ask a question as though he were making a statement.
7. The child's voice is usually either too loud or too soft when he talks to others.
8. The child usually seems bored and does not pay attention to what is going on.
9. The child is always complaining of earaches.
10. The child has runny ears all the time.

If a child shows one or more of these signs over a long period of time, it is possible that he is having trouble hearing well.

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Motor Development

These are some common signs that show that a child may be having trouble with motor development.

1. The child stumbles a lot.
2. The child trips and falls a lot.
3. The child often drops things.
4. The child's walk is stiff and jerky.
5. The child stutters and stammers when he speaks.
6. The child usually has trouble picking things up.
7. The child usually has trouble holding onto things.
8. The child holds his fingers stiff and spread wide apart all the time.
9. The child flaps his hands when he is walking, talking, running, or when he is simply excited about something.
10. The child rocks back and forth all the time when he should be sitting or standing still.
11. The child bobs his head up and down in a steady rhythm.
12. The child's head flaps loosely.
13. The child bangs his head rhythmically against a wall.

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14. The child drools a lot.

If a child shows one or more of these signs, it is possible that he has poor motor development.

Hyperactivity

These are some common signs that show a child may be hyperactive.

1. The child squirms in his seat all the time.
2. The child bounces and moves when he should be sitting or standing still.
3. The child constantly shakes his feet or arms.
4. The child can't pay attention to things as long as other children.
5. The child runs a lot.
6. The child moves around all the time.
7. The child sometimes seems unable to stop talking.

If a child shows one or more of these signs, it is possible that he is hyperactive.

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Mental Problems

There are two broad categories of children who have mental problems.

1. The Withdrawn Child: a child who is very passive and will not participate in activities with other children.
2. The Acting-Out Child: a child who is very aggressive, overly active, and possibly destructive.

These are some common signs that show that a child may have mental problems:

The Withdrawn Child:

1. wants to sit alone most of the time
2. shows no interest in activities
3. does not answer to his name a lot of the time
4. does not respond when someone talks to him
5. is afraid of people
6. is afraid of things other children are not afraid of
7. may be afraid to do some normal activities, like standing on a low stool or climbing up a sliding board
8. may be afraid to go outside
9. cries a lot for no apparent reason

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The Acting-Out Child

1. may throw a lot of temper tantrums
2. may hurt other children on purpose
3. may try to hurt classroom pets
4. breaks things on purpose
5. may tear up classroom plants
6. may hit other children a lot
7. may throw his food around the room at every meal and snack-time
8. may hit the teacher
9. may get into a lot of fights
10. may throw blocks or other toys
11. may smash things with play tools
12. may interfere with other children who are trying to play

If a child repeatedly shows one or more of these signs it is possible that he has a mental problem.

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Checking Activity

5

Purpose of Activity: To see if you know the symptoms for the problem areas we have been studying.

Directions for Activity

1. For this activity you will need:

a copy of the test
the answer sheet

2. Follow the directions on the test.
3. When you have finished, get the answer sheet and correct the test yourself.
4. Meet with the RP and go over together.
5. Record results in your log.

Mode: Test
Setting: Individual
Checking Activities: E1-5

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Directions: Answer T (for true) or F (for false).

I. Checking Activity True or False

1. If a child complains that he cannot see a ball being thrown to him, he is probably an acting-out child. _____
2. A child who often complains of headaches may have a visual problem. _____
3. If a child has a visual problem, his eyes may water a lot. _____
4. Red eyes are one sign of a visual problem _____
5. A child who holds things very close to his eyes in order to see them is probably hyperactive. _____
6. If a child bends his head down close to a picture in order to see it, he may have a visual problem. _____
7. If a child has a visual problem, he may close one eye in order to see. _____
8. Encrusted eyelids are one sign of a visual problem. _____
9. If a child's eyelids are usually puffy and swollen, he probably has a motor problem. _____
10. Dizziness is a sign of visual problems. _____
11. If a child has a visual problem, he may rub his eyes a lot. _____

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II. For the following list of symptoms, write "H" beside any symptom you recognize as marking a Hearing Problem, write "M" for symptoms that deal with Motor Problems.

1. The child stumbles a lot. _____
2. The child often drops things _____
3. The child leans forward in order to hear. _____
4. The child usually seems bored and does not pay attention to what is going on. _____
5. The child always asks the speaker to repeat what was said. _____
6. The child drools a lot. _____
7. The child's head flops loosely. _____
8. The child rocks back and forth while sitting or standing. _____
9. The child complains of earaches. _____
10. The child usually cups one or both ears. _____
11. The child's fingers are spread wide apart all the time. _____
12. The child has trouble holding onto things _____
13. The child usually has trouble picking things up. _____
14. The child uses strange inflections in his speech. _____

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15. The child usually speaks either too loudly or too softly. _____
16. The child trips and falls a lot. _____
17. The child stutters or stammers when he speaks. _____
18. The child walks with a stiff or jerky motion. _____
19. The child flaps his hands while talking, walking, running or excited. _____
20. The child has runny ears all the time. _____
21. The child usually turns one ear towards the speaker. _____
22. The child's head bobs up and down steadily. _____
23. The child leans far forward and stares at the speaker in order to hear. _____
24. The child rhythmically bangs his head against the wall. _____

III. Identify these symptoms by marking either "A" for Acting-out or "W" for Withdrawn.

1. The child is usually afraid of people. _____
2. The child is usually afraid of standing on a stool. _____

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3. The child is usually afraid of climbing up or going down a sliding board. _____
4. The child is usually afraid to go outside. _____
5. The child hits other children a lot. _____
6. The child throws his food around a room a lot. _____
7. The child hits the teacher a lot. _____
8. The child wants to sit alone most of the time. _____
9. The child shows no interest in any activity most of the time. _____
10. The child usually does not answer to his name. _____
11. The child does not usually respond when someone talks to him. _____
12. The child often throws temper tantrums. _____
13. The child hurts other children on purpose. _____
14. The child tries to harm classroom pets. _____
15. The child breaks many things on purpose. _____
16. The child tears up classroom plants. _____
17. The child is afraid of objectives or activities other children do not fear. _____

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18. The child gets into a lot of fights _____
19. The child throws blocks or other toys most of the time. _____
20. The child smashes things with play tools most of the time. _____
21. The child usually interferes with other children who are trying and play _____
22. The child often cries for no apparent reason. _____

IV True or false

1. If a child squirms a lot while setting, he may be hyperactive. _____
2. If a child sometimes seems unable to stop talking, he may have a hearing problem. _____
3. Running a lot is a sign of hyperactivity. _____
4. If a child moves around a lot, he is probably withdrawn. _____
5. If a child has trouble paying attention for a long period of time, he may be hyperactive. _____
6. If a child bounces a lot while sitting or standing, he probably has a visual problem. _____
7. If a child constantly shakes his feet or arms, he may be hyperactive. _____

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Answer Sheet for Entry Level Test

I.

- 1. F
- 2. T
- 3. T
- 4. T
- 5. F
- 6. T
- 7. T
- 8. T
- 9. F
- 10. T
- 11. T

II.

- 1. M
- 2. M
- 3. H
- 4. H
- 5. H
- 6. M
- 7. M
- 8. M
- 9. H
- 10. H
- 11. M
- 12. M
- 13. M
- 14. H
- 15. H
- 16. M
- 17. M
- 18. M
- 19. M
- 20. H
- 21. H
- 22. M
- 23. H
- 24. M

III.

- 1. W
- 2. W
- 3. W
- 4. W
- 5. A
- 6. A
- 7. A
- 8. W
- 9. W
- 10. W
- 11. W

- 12. A
- 13. A
- 14. A
- 15. A
- 16. A
- 17. W
- 18. A
- 19. A
- 20. A
- 21. A
- 22. W

IV.

- 1. T
- 2. F
- 3. T
- 4. F
- 5. T
- 6. F
- 7. T



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Readings

Purpose of Activity: To help you understand what can happen to children with problems and what you should do about it.

Directions for Activity

1. For this activity you will need the readings:

Problems: What Can Happen and What You Should Do
What To Do About It

2. Read and study them carefully.

3. You will be tested on this material when you know it.

Mode: Readings
Setting: Individual
Checking Activities: None

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Problems

Vision: What Can Happen and What You Should Do

These are some of the things that can happen to a child who has trouble seeing properly:

1. Injury

A child who has trouble seeing may be injured by:

- a) bumping into things
- b) falling over something he can't see while he is running
- c) falling off of climbing bars or sliding board because he can't judge distances well enough to climb
- d) he might even try to sit down on a chair and miss it because he can't see exactly where it is

2. The child may be kept from learning to read

Some preschool activities make a child ready to read when he enters elementary school. These include:

- a) putting puzzles together
- b) playing with counting rods
- c) looking at pictures and talking about them

Activities like these help a child to tell the difference between different shapes and make it possible for the child to tell letters and numbers apart later on. If a child has trouble seeing, he may not be able to do these activities.

3. The child may be uncoordinated

Some preschool activities teach a child how to use his muscles. Activities like these train the child to use his eyes to guide the rest of his body. These include:

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- a) cutting
- b) pasting
- c) painting
- d) playing rhythm instruments
- e) playing with building blocks
- f) stringing beads
- g) throwing a ball
- h) catching a ball

If a child has trouble seeing well, he may not be able to do these things.

4. The child may have trouble fitting into the social group

If a child can't do all the things the other children do or can't learn as fast as other children can, he may have trouble fitting into the group. The other children may make fun of him for being clumsy or stupid. If the child is ridiculed, he will not feel like part of the group.

These are some things you can do in the classroom or on the playground to help a child who is having trouble seeing properly:

1. Put the child close to pictures or objects used in group activities. For example, put this child next to the picture when you tell a story.
2. Don't force the child to do things that call for visual judgement such as aiming at a target.
3. Be sure that an adult is present when the child climbs or uses new equipment.

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Hearing: What Can Happen and What You Should Do

These are some of the things that can happen to a child who has trouble hearing well:

1. Injury

A child who has trouble hearing may be injured because:

- a) he wanders out into the street and can't hear a car horn
- b) he can't hear the noise of something falling and so he does not know he is in danger
- c) he can't hear someone shouting at him to get out of the way

2. The child may be kept from learning to read

Some preschool activities are aimed at helping a child to hear the sounds that letters make. He must be able to hear what a word sounds like so that he can match the sound with the letters. A child who has trouble hearing may not be able to do this.

3. The child may have trouble fitting into the social group

A child who has trouble hearing may not be able to take part in all activities because:

- a) he can't follow directions because he can't hear them
- b) he can't share things with other children because he can't hear them asking for something
- c) he can't talk to other children because he can't hear what they say

If a child can't do all the things other children can do, he may have trouble fitting into the group.

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Also, a child who has trouble communicating with words may try to communicate with gestures or by touching. This may make him seem aggressive and even hostile toward other children when all he is trying to do is get through to them.

These are some things you can do in the classroom or on the playground to help a child who is having trouble hearing well:

1. Be sure to get the child's total attention when you are giving directions.
2. Speak louder to him.
3. Have other children speak louder to him.

Motor Coordination: What Can Happen and What You Should Do

These are some of the things that can happen to a child who has poor motor development:

1. Injury

A child with a motor problem will be more likely to have accidents than other children.

2. The child may have trouble fitting into the social group

A child with motor problems will not be able to do what all the other children can do. Other children may make fun of him. They may not want him to play with them.

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Hyperactivity: What Can Happen and What You Should Do

These are some of the things that can happen to a child who is hyperactive:

1. Injury

A hyperactive child is always on the move. Even a very simple activity like going to the bathroom can be dangerous if he is not supervised. He may turn on all the water taps, and water on the bathroom floor can be dangerous both to him and to other children.

When he is outside, he may suddenly run out into the street.

2. The child may be punished when he doesn't have to be

A hyperactive child often seems to be just a "bad kid". A hyperactive child can't help behaving the way he does. If you punish him, he may not understand why he is being punished. Even if he does understand why, punishing him won't help. He can't change by himself.

3. The child may disrupt the class

A hyperactive child may run around at the wrong times. He may throw blocks. This can be an example that the rest of the children will follow.

These are some things you can do in the classroom or on the playground to help a hyperactive child:

1. You have to help this child concentrate on a learning activity

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by structuring the activity. Structuring means that you:

- a) divide an activity into small parts
 - b) make sure he knows just what he has to do, step-by-step
 - c) make sure he knows what to do when he is done (Say, for instance, "Show me your picture when you have finished it.")
 - d) make sure he knows where and when the activity is to be done (Say to him, "Sit over here now with your blocks.")
 - e) Make sure that there is nothing going on that will distract him. He will be very easily distracted no matter what he is doing.
2. A hyperactive child needs closer watching because he is always on the move. Otherwise, he may wander off to other parts of the building or off the playground. There should be someone near him at all times to help him concentrate on what he is doing.
 3. Do not punish him for his behavior. He can't help it.
 4. You may have to isolate the child to protect him or to protect other children if he becomes too wild.

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3. The child will not be part of the group

A child with mental problems will have trouble cooperating with other children. An acting-out child may frighten other children because he is so aggressive. A withdrawn child may not be able to do things with other children because he is so frightened by them.

These are some things you can do in the classroom or on the playground to help a child who has mental problems:

1. The acting-out child:

a. structure his activities

---divide the activity into small parts

---make sure he knows what to do step by step

---make sure he knows what to do when he's done

---make sure he knows when and where the activity is to be done.

---make sure there's nothing going on to distract him

b. Adult supervision is needed for this child to keep him from doing damage, disrupting the group, hurting himself, or hurting others.

c. You may have to isolate this child.

2. Withdrawn child:

a. Do not force the child to do things that involve a lot of other children

b. Provide activities which let the child work alone or, perhaps, in a very small group with adult help.

c. An adult should be available to help if another child takes advantage of this child.

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How To Make Sure That a Child Gets Help

1. Keep records. Watch the child very carefully and write down any unusual behavior. Write down if the child:

- a. Has difficulty following directions
- b. has difficulty paying attention
- c. has difficulty taking part in an activity
- d. has difficulty playing with or sharing with other children
- e. has difficulty learning something
- f. is easily frustrated

Write down what happened, when it happened, and where it happened.

2. Follow any special steps that are suggested by your school district or organization.

3. Meet with other teachers in the school as well as the school administrator to decide what to do about sending a child for help.

4. You should never send the child directly for help. Let the child's parents do that. But you should be aware that:

- a. most large hospitals have vision and hearing clinics
- b. most cities have child guidance clinics which diagnose and evaluate children who are hyperactive or have mental problems.
- c. hospital clinics and child guidance clinics may also be able to handle children with motor problems. If they can't, they will know who can.

5. Some families may want to send a child to their own

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doctor rather than work through the school. The doctor will refer the child for help.

What To Do About It (In Classroom, Playground)

1. Visual Problems

- a. Help the child get close to pictures or objects used in group activities. For example, put this child next to the flannel board during a small group or total class story.
- b. Avoid activities which require visual judgement such as throwing a ball at a moving target.
- c. Be sure that an adult is present and watching to help when needed as the child climbs or uses new equipment.

2. Hearing PROBLEMS

- a. You may have to be sure of getting the child's total attention when you are giving directions.
- b. You may have to speak louder
- c. Just as important as your speaking louder, you may have to help other children help this child by talking loudly to him.

3. Hyperactivity

- a. This child has to be helped to focus on the learning activity by "structuring" the activity. "Structuring" means that you

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1. may have to divide an activity into smaller parts
 2. make sure he knows just what he has to do
 3. make sure he knows what to do when the activity is done
(Show me your picture when you have finished it)
 4. may have to make sure that he knows where and when the activity is to be done (Sit over here now with your blocks)
 5. may have to minimize distractions
- b. There should be an adult nearby to help the child concentrate on his task or ready to structure additional activities. The child requires closer adult supervision because of his tendency to move constantly. Otherwise, he may wander off to other parts of the building or off the playground.
- c. You may have to isolate the child to protect him or to protect other children.
4. Mental Problems
- a. Acting out child
1. This child needs structure (see preceding section)
 2. Adult supervision is needed for this child to keep him from doing damage, disrupting, the group harming himself or harming others.
 3. You may have to isolate this child

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b. Withdrawn Child

1. Anticipated the child's tendency to be fearful, timid, or otherwise reserved
2. Do not press or force the child into activities, especially large group activities which may be threatening.
3. Provide activities which may involve only the child or small groups, with adult help
4. An adult should be available to provide aid if an aggressive child takes advantage of this child.

C. Identifying Techniques

1. Observation

- a. Observe child in different situations: small group instruction, playground, snacktime, free play (in classroom).

1. how child follows directions
2. Attention
3. Ability to take part in different kinds of activities
4. Frustration level

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Mental Problems: What Can Happen and What You Should Do

These are some of the things that can happen to a child who has mental problems:

1. Injury

The acting-out child:

The acting-out child will be aggressive. He may hit other children. He may throw things at other children. He may chase another child with a scissors.

The acting-out child may not look out for his own safety. He may be so intent on getting another child that he himself is injured. For instance, if he is climbing up a sliding board after another child, he may fall off because he is thinking more about catching the other child than climbing up safely.

The withdrawn child:

A withdrawn child may not look out for his own safety. If someone is hitting him, he may not move away, and he won't fight back either. If something is falling on him, he may not move out of the way.

2. The child may be kept from learning.

A mental problem may keep a child from following directions so that the child will not learn what the activity is supposed to teach.

An acting-out child may not develop motor coordination from playing with building blocks because all he wants to do is throw the blocks around.

A withdrawn child may be too afraid to try something new so he will not take part in some activities.

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5. Learning difficulties

6. Social interaction

2. Kinds of Observations

- a. Anecdotal records - situations as they occur
records of different
- b. Running records - observe a child in different
kinds of skills or behaviors
3. Follow special procedures suggested by your school
district or organization
4. A common procedure is to have a center conference
of teachers, other adults in the classroom and
center administer to decide what to do about re-
ferring a child for more attention.
5. Most major hospitals have vision and hearing clinics
6. As part of the community mental health program,
there are usually child guidance spread across most
cities. These clinics will diagnose and evaluate
children who appear to have mental problems.
7. Families may prefer to see their own doctor. He
may refer the child for any special attention.